

Exhibit A

Proof of Claim

03/30/2007 13 40 FAX

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor <u>Delphi Corporation</u>		Case Number <u>05-44481 (RDD)</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Casaustas Custom Packaging Group, Inc.</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: <u>Attn: Sandra Grege</u> <u>P.O. Box 115</u> <u>Austell, GA 30168-0115</u> Telephone number: <u>(770) 799-5791</u>		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: <u>231-36945 & 231-36947</u>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: <u>6/30/05 - 8/11/05</u>		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: \$ <u>42,056.33</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed in governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>12/30/2005</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim. Attach copy of power of attorney, if any: <u>Sandra Grege, Credit Manager</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.		

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COMPANY NUMBER 23100

BASE CURRENCY USD US DOLLARS

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OPEN	TRAN	NET DUE	CLOSED	PROCESSING
AMOUNT	TYPE	DATE	DATE	CURRENCY

CUSTOMER NUMBER	CUSTOMER NAME	DELPHI ADDRESS
36945		

2936655
2937451

2953952

2957765

2957769

296492.1

2969543
2971854

2971860

2971892

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LIGATION

STEPS

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12/06/2005 15:19:00

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COMPANY NUMBER	23100	COMPANY NAME	CARAUSTAR - CHICAGO CARTON	BASE CURRENCY	USD	US DOLLARS					
OBLIGATION IDENTIFICATION	OBLIGATION REFERENCE	TO OBLIGATION ID	AS OF DATE	OBLIGATION AMOUNT	OPEN AMOUNT	TRAN TYPE	NET DUE DATE	CLOSED DATE	PROCESSING CURRENCY		
CUSTOMER NUMBER	36947	CUSTOMER NAME	DELPHI AUTOMOTIVE SYSTEMS								
USD OBLIGATIONS											
CW131615	2957766		7/26/2005	816.52	816.52	INV	9/24/2005		USD		
CW131638	2958990		7/27/2005	816.52	816.52	INV	9/25/2005		USD		
* TOTAL USD OBLIGATIONS		2		1633.04	1633.04				USD		
** TOTAL CUSTOMER OBLIGATIONS											
ALL CURRENCIES		2		1633.04 BC	1633.04 BC						
DELPHI AUTOMOTIVE SYSTEMS											